POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Maj*		5/4/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		59158	9-15-00

INDEX OF CLAIMS

✓ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
– (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim	Final	Original			Date						
		1	✓	✓							
		2	✓	✓							
		3	✓	✓							
		4	✓	✓							
		5	✓								
		6		✓							
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Claim	Final	Original			Date						
		51	✓	✓							
		52	✓	✓							
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		55	✓	✓							
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If more than 150 claims or 10 actions
staple additional sheet here

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